

UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

T. Rowe Price Tax-Free High  
Yield Fund, Inc., et al.

v.

Karen M. Sughrue, et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

04-11667 RGS

TO: (Name and address of Defendant)

Karen M. Sughrue  
222 W. 53rd Street  
New York, NY 10024

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Thomas G. Hoffman  
Greene & Hoffman, P.C.  
125 Summer Street, Suite 1410  
Boston, MA 02110

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

TONY ANASTAS

*St. George*

(By) DEPUTY CLERK

DATE

JUL 27 2004

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p><input type="checkbox"/> Complete items 1-2 and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.</p> <p><input type="checkbox"/> Article Addressed Directly To Me</p>		<p>A. Signature <i>Karen M. Sughrue</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>K. Sughrue 10/28/04</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p> <p>D. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. E. Restricted Delivery? (Extra fee) <input type="checkbox"/> Yes</p>	
<p>2. Article (check one)</p> <p><input type="checkbox"/> PS Form</p>		<p>1595-02M-1540</p>	